MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

APPROVAL REQUEST FOR NON-PAID WIC CHECKS

PLACE VENDOR STAMP HERE

All fields must be completed or check appeal will be denied.

DATE MAILED: _____ / _____ / _____	CHECK NUMBER: ___ ___ ___ ___ ___ ___ ___ ___
VENDOR NAME:	
VENDOR ADDRESS:	
CONTACT NAME:	
CONTACT TELEPHONE: _____ - _____ - _____	

ATTACH RECEIPT HERE	JUSTIFICATION:

ATTACH CHECK HERE

Mail completed form, check, matching register receipt & a copy of the invoice

To: Missouri Department of Health and Senior Services
WIC AND NUTRITION SERVICES #A3501
P.O. Box 570
Jefferson City, MO 65102-0570

WIC USE ONLY